

EMPLOYER RESPONSE-QUIT:

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

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| Claimant Name: | | SSN: | |
| MOUNTAIN HOME LOCAL OFFICE IDAHO DEPARTMENT OF LABOR 1993 E 8 TH NORTH MOUNTAIN HOME ID 83647-2333 208-587-2964 (FAX) | | Employer Name, Address, Phone & Fax | |
| Paid or to be paid: | | | |
| Gross earnings for the past 12 months \$ | | Severance: \$ | On (date): |
| Vacation: \$ | | Bonus: \$ | On (date): |
| Date vacation payment will be received: | | Holiday: \$ | On (date): |
| Supervisor's name: | | Employer's phone#: | |
| Start date of employment: | Last day worked: | | Date notice was given: |

Please provide any documentation to support your position (ie: letter of resignation)

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| 1. What reason (s) did the claimant give for quitting or giving notice to quit? |
| 2. If the claimant cited work-related reasons, describe the working conditions: |
| 3. What alternatives were available to the claimant? (Leave of absence, transfer, grievance, etc.) |
| 4. Describe any efforts the claimant made to resolve the problem and the outcome of those efforts: |
| 5. If you do not agree with the claimant's statements, please state why: |
| 6. Additional information: |
| Employer/Employer's Representative Signature: _____ |
| Print Name: _____ Title: _____ |
| Phone Number: _____ Date: _____ |